U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File N	Number U - 66 Cd			2. Fiscal	Year Covered From:			
					1/1/2	1004 Through	: [12] / [31]	/ 2004
3. Nam	e and address of person fili	ng.		4. Name	file number, and add	dress of labor org	anization.	
Name	David	TOwen		Name	Plumbers & St	ceamfitters	Local Unio	n #33
				Labor	Organization File Nur	mber 026-72	8	
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	e and address of Employer (i	ncluding trade name, if an	y).	7.a. Natu	re of Interest, Transa	ction, or income.	teritoria de la contractiva del contractiva de la contractiva de la contractiva de la contractiva de la contractiva del contractiva de la	teriforationsecture extratory artists represent process programmy to professional programmy
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	A CONTRACTOR OF THE CONTRACTOR	·	Sign		-	· · · · · · · · · · · · · · · · · · ·		
submi	gnature and verification. I ltted in this report (including signed's knowledge and bel	the information contained	in anv accompanvi	ina docum	ents), has been exam	ined by the signs	that all of the info tory and is, to the	ormation be best of the
Signe	ed David	- Owen	•	On	8-4-05	515-9	199-2919	
					Date		elephone Numbe	A CONTRACTOR OF THE PARTY OF TH
Form LM-	-30 (2003)							_

Name of Person Filing David Owen	File Number U-	
B. Held an interest in or derived income or economic benefit with monetary v substantial part of which consists of buying from, selling or leasing to, or othe of an employer whose employees your labor organization represents or is ac (2) any part of which consists of buying from or selling or leasing directly or ir dealing with your labor organization or with a trust in which your labor organization.	erwise dealing with the business tively seeking to represent, or adjrectly to or otherwise	WAA MARKATA PARKATA AND AND AND AND AND AND AND AND AND AN
8. Name and address of Business (including trade name, if any). Name Plumbers & Steamfitters LU#33 JATC Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 2501 Bell Avenue City Des Moines State Iowa ZIP Code + 4 50321	9. Business deals with: a. Labor Organization b. Trust c. Employer	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	Wages, benefits and reimburseable as employee from business. 11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received.	\$144,082
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	12.b. Amount.	POTENTIAL SECTION AND PROPERTY OF THE SECTION OF THE SECTION AND ASSESSMENT OF THE SECTION AND ASSESSMENT OF THE SECTION AND ASSESSMENT OF THE SECTION ASSESSMENT OF THE SECTI
C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money	er parts A and B above) or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4		
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	And the second s

Name of Person Filing David Owen	File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).	9. Business deals with:	A CONTRACTOR OF THE CONTRACTOR
Name United Association of Journeymen and Apprent	a. Labor Organization	
Trade Name, if any: United Association		
P.O. Box, Bldg., Room No., if any	b. Trust	
Street 901 Massachusetts Ave, N.W.	c. Employer	
City Washington		
State District of Columbia ZIP Code + 4 20001-4397		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name	Reimbursed expenses.	
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		-
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State	11.b. Approximate dollar value of such dealing.	\$1,295
	12.a. Nature of interest held or income received.	
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	12.b. Amount.	